

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

EVALUATION TEAM REPORT

INSTITUT FRANCO-EUROPÉEN DE CHIROPRACTIQUE
Toulouse, France

10-13 December 2012

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1. EXECUTIVE SUMMARY

- 1.1 Institut Franco-Européen de Chiropratique (IFEC) Toulouse was established as an additional facility to the established college in Ivry-sur-Seine, Paris (IFEC Ivry) in 2006. IFEC Ivry was itself established in 1984.
- 1.2 Both IFEC Toulouse and IFEC Ivry are under the direction of the governing body, AFEFC (Association pour la Formation et l'Enseignement en France de la Chiropratique), which operates as a not for profit organisation.
- 1.3 IFEC Toulouse provides first qualification chiropractic education and training awarding a Doctor in Chiropractic (DC) on successful completion of a 6 year full-time programme.
- 1.4 In September 2009 IFEC (Ivry and Toulouse) applied for full accredited status with the ECCE and submitted a Self-Study Report in support of that application. Following an Evaluation Visit to both campuses, the Commission on Accreditation (CoA) declined to accredit IFEC Toulouse (but did re-accredit IFEC Ivry) since it did not meet in full the ECCE Standards. IFEC was consequently informed that an application for full accreditation of the Toulouse campus could not be made until the first cohort had graduated, i.e. at the earliest in 2012.
- 1.5 In January 2011, chiropractic practice was made legal in France for the first time in its 91 year history. Subsequently, in September 2011, chiropractic education and training was formally recognised by the government becoming accountable at the national level to the Ministère du Travail, de L'Emploi et de la Santé (Ministry of Work, Employment and Health). Plans by IFEC to submit its chiropractic education and training for accreditation by the Ministry are currently underway¹.
- 1.6 Since its establishment in 2006, the campus at Toulouse has expanded and recruited viable student numbers year on year. In 2010, the facility moved to new purpose built premises. IFEC Toulouse now represents a viable institution graduating students who have undertaken the entire period of their education and training at this site.
- 1.7 In April 2012, IFEC Toulouse submitted its Self-Study Report (SSR) for full accredited status with the ECCE. The CoA reviewed the documents at its meeting on 18 May 2012 and on this basis decided that an Evaluation Visit could and should proceed.
- 1.8 A four day Evaluation Visit took place (10 to 13 December 2012). The site visit provided further documentary and oral evidence to the previously submitted documents. IFEC Toulouse was given feedback at the end of the visit and informed verbally of any strengths, weaknesses and/or concerns regarding its provision of chiropractic education and training.
- 1.9 Members of the Evaluation Team extend their thanks to the executive (Executive President, Director General and Director General Adjunct), senior staff, staff and students at IFEC Toulouse for the courtesy and hospitality shown to them during the Evaluation Visit, and for conducting the visit in an open and transparent manner.
- 1.10 This document is the Evaluation Report (henceforth referred to as the Report, or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visit to IFEC Toulouse. The Report was sent in draft format to IFEC Toulouse for factual verification on 02 January 2013, and the final Report was submitted to CoA on 01 April 2013.

- 1.11 The Chair invited IFEC Toulouse to send representatives to the CoA meeting in Barcelona, Spain in May 2013 where the Report will be discussed and a decision made on full accreditation of IFEC Toulouse.
- 1.12 This Report addresses the compliance of IFEC Toulouse with each of the ECCE Standards in the provision of chiropractic education and training through the DC award. The outcomes of the Report are as follows:

STRENGTHS:

- A commitment to develop and expand the institution within the higher education sector in France. The institution demonstrates clear strategic objectives, and strong and cohesive leadership.
- The establishment of a viable and distinctive educational institution benefitting from the shared resources, expertise and experience at IFEC Ivry.
- A positive academic environment facilitating high standards of teaching and learning.
- A training period that includes clinical placements in hospitals and chiropractic practices.
- The promotion and support of staff development particularly in postgraduate degrees and research.
- An open-minded approach to innovations in teaching and learning, and willingness to work with government and the higher education sector.

WEAKNESSES:

- Lack of transparent quality assurance policies and procedures, including a dedicated quality assurance committee and external examiner system.
- Limited input from external stakeholders in the Administrative and Academic Councils.
- Over-reliance on summative assessment to drive learning in early years, and limited integration between domains in written assessments.
- Sharing of resources with IFEC Ivry risks the institution's ability to deliver the programme in unforeseen circumstances.

CONCERNS:

There were no concerns.

2. INTRODUCTION

- 2.1 IFEC Toulouse is an independent private institution governed by AFEFC (Association pour la Formation et l'Enseignement en France de la Chiropratique). AFEFC is a not for profit organisation and is the governing body of IFEC Ivry and IFEC Toulouse.
- 2.2 The first students entered IFEC Toulouse in 2006. In 2009 the Commission on Accreditation (CoA) considered the SSR submitted by IFEC for full accredited status of IFEC Toulouse alongside IFEC Ivry-sur-Seine. This was the first evaluation by ECCE of a second site administered by an accredited institution; at the time students at IFEC Toulouse had only progressed to year 3 of the six-year programme. Moreover, at that time, IFEC Toulouse was located in a temporary building awaiting the completion of a purpose built clinic and teaching building.
- 2.3 The Evaluation Team presented the following strengths and weaknesses of the college as it stood in 2009;

2.3.1 STRENGTHS

- 2.3.1.1 The commitment of all staff from the *Directeur* to the administrators to complete the development of the new school and clinic.
- 2.3.1.2 The willingness of all the academic staff to be contacted by students so that there is no friction of distance for students wishing to contact Ivry tutors.
- 2.3.1.3 The successful start of student clubs such as Palpation and Radiology, which have resulted in a strong chiropractic community in the college.

2.3.2 WEAKNESSES

- 2.3.2.1 The absence of an introduction to clinic training for the current Year 3 together with the uncoordinated planning of clinic training facilities for students in Year 4 in 2009-2010 does not provide students with the best foundation for the clinic year commencing in 2010.
- 2.3.2.2 The lack of a nascent clinic attracting patients prior to the opening of the planned clinic in the new building will provide a potentially severe obstacle to the development of good clinicians, good clinical and administrative skills together with a good case mix.
- 2.3.2.3 The present library facility is too small and lacks enough texts for a growing student population.
- 2.3.2.4 Staff recruitment across all fields at IFEC Toulouse needs to be planned and proactive.
- 2.3.2.5 The lack of a formal French language test for foreign students applying to the college.

2.3.3 CONCERNS

There were no concerns with the programme for Years 1-3 as it was being delivered at the time of the evaluation.

- 2.4 At the CoA meeting to consider the 2009 Evaluation Report, the Chair of the Evaluation Team felt unable to support extending accreditation to the campus at Toulouse because the ECCE Standards were not met at the time of the visit. However, the programme being taught in the first three years was identical to that at IFEC Ivry with some modifications to timings. Members noted the logistical exercise involved in providing staff to teach at both institutions. CoA decided not to accredit IFEC Toulouse at this stage in its development.
- 2.5 CoA offered two possible options to IFEC Toulouse: (a) to apply for full accredited status as an extension of the IFEC Ivry accreditation at such a time when the resources were in place so that the ECCE Standards could be met, or (b) make an application for Candidate for Accreditation Status for the Toulouse programme. Subsequently the Executive at IFEC decided to make a separate application for full accredited status of IFEC Toulouse once the first cohort of students had completed their studies in 2012.
- 2.6 In April 2012 IFEC Toulouse submitted a Self-Study Report (SSR) in support of its application for full accredited status. The Report was considered by the CoA at its meeting in Amsterdam in May 2012. The CoA agreed that an Evaluation Team should visit IFEC Toulouse in December 2012.
- 2.7 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR (in English), appendices (in French) and written comments from CoA related to the documents prior to the visit. The members of the Evaluation Team were:

Professor Jennifer Bolton PhD, MA Ed	Professor in Chiropractic Education, and Vice-Principal (Postgraduate Studies and Research) Anglo-European College of Chiropractic (AECC), UK.
Gérald Parent	Chiropractor, Private Practice, Liege, Belgium
Ricardo Fujikawa MD, DC	Director del Programa de Quiropráctica, Real Centro Universitario Escorial-María Cristina, Spain
Hazel Wagg	Student, AECC, UK.
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Evaluation Secretary ECCE, formerly Director Collaborative Programme Development, University of Portsmouth. Chair of Examiners, Welsh Joint Examinations Council, Cardiff.

Mr David Burtenshaw acted as Secretary to the Team, and also as a member of the team. The members of the team were allocated specific sections of the report as their areas of responsibility before arriving at IFEC.

- 2.8 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by IFEC Toulouse, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to IFEC Toulouse for correction of any factual errors, and thereafter to the CoA for a decision on full accreditation of IFEC Toulouse.
- 2.9 All members of the Team were presented by name beforehand to IFEC Toulouse and no objection to any member was received. All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.

- 2.10 A draft timetable for the visit was sent to IFEC Toulouse before the Evaluation Visit, and the final schedule agreed with IFEC on 3 December 2012. A copy of the schedule is appended to this Report (Appendix 1).
- 2.11 Members of the Team arrived in Toulouse on 09 December 2012. The Team held a preliminary meeting on Sunday 9 December prior to the on-site visit from Monday 10 December to Thursday 13 December 2012 (inclusive). Meetings were held with IFEC Toulouse over the first two days and time was allocated for the Team to hold private meetings as the Visit proceeded. This allowed the Team to reflect on the (written and oral) evidence it had been presented with and enable the Team to request further evidence where clarification was necessary. The Report was compiled on an on-going basis during the visit and the final day (13 December 2012) was set aside to complete the draft report and feedback orally to the institution.
- 2.12 Members of the Team were very well hosted by staff at IFEC Toulouse, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Team and the ECCE extend their thanks and appreciation to the Executive, senior staff, staff and students at the institution.
- 2.13 The draft Report was finalised by the Chair of the Team, and sent to Team members for comments. Based on these, the final draft Report was sent to IFEC Toulouse for factual verification on 02 January 2013. The response was received from IFEC on 02 January 2013. The Chair and Secretary finalised the Report and this was submitted to the Chair CoA on 08 February 2013. The Chair of the Evaluation Team presented the Report to CoA members on 10 May 2013 in Sitges, Spain.
- 2.14 The Report includes an Executive Summary and the findings of the Team regarding compliance of IFEC Toulouse with ECCE Standards. The Report ends with the Conclusions of the Team and any Strengths, Weaknesses and/or Concerns the Team wished to draw to the attention of the CoA. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area (www.enqa.eu).

3. IFEC Toulouse

- 3.1 L'Institut Franco-Européen de Chiropratique (IFEC) is a private not for profit educational institution established in 1984. It is based in Ivry-sur-Seine, Paris and the college in Ivry is an ECCE-accredited institution delivering a six year full-time first qualification programme for the education and training of chiropractors.
- 3.2 The governing body of IFEC is the AFEFC Administrative Council.
- 3.3 From its establishment in 1984 to 2006, education and training provided by IFEC was delivered entirely in Ivry, Paris. In 2006, the governing body (AFEFC) established a second site (campus) in Toulouse with the aim to expand the provision of chiropractic education and training in France.
- 3.4 The education and training provided by IFEC Toulouse is modelled on that delivered at IFEC Ivry. IFEC Ivry and IFEC Toulouse are governed by the same body (AFEFC Administrative Council), share many resources, and deliver the same six year curriculum.
- 3.5 The following section details the findings of the Evaluation Team with regard to the compliance of IFEC Toulouse with ECCE Standards in the provision of chiropractic education and training through the award of DC. The findings of the Team are based on documentation presented by IFEC Toulouse prior and during the on-site visit.
- 3.6 The colour coded system outlined below is used by the Evaluation Team to indicate the level of compliance with each standard:



Green = Fully compliant/no risk (This is on track and good.)



Light Green = Substantially compliant/low risk. (Broadly on track with some areas which need to be addressed.)



Yellow = Partially compliant/medium risk. (Some significant areas which could be detrimental if not addressed.)



Red = does not comply/high risk. (Serious concerns threaten this area; high risk in the organisation's overall performance.)

4. ECCE STANDARDS COMPLIANCE

4.1 Aims and Objectives

4.1.1 Statement of Aims and Objectives

The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to its stakeholders. The statements must describe the aims and objectives resulting in a chiropractor that is competent and safe to enter practice as a primary contact practitioner in the current healthcare environment, with the appropriate foundation for postgraduate education and training, and a commitment to, and capacity for, life-long learning.

4.1.1a Description


IFEC Toulouse defined its mission in the SSR and its appendices as follows:

- To educate and train chiropractors as primary health care practitioners competent to diagnose, manage and prevent neuromusculoskeletal disorders and their consequences.
- To educate and train chiropractors to manage their patients in a safe, professional, and ethical manner.
- To provide IFEC graduates with knowledge in chiropractic concepts and care compatible with the evolution of knowledge and scientific evidence.
- To educate and train chiropractors with a high level of diagnostic training in neurology, orthopaedics and rheumatology, and to prepare them for a national examination or other requirements as required by the French government for practice as a chiropractor.
- To stimulate the desire of IFEC graduates for lifelong learning.
- To stimulate the desire and provide the necessary skills for IFEC graduates to collaborate with other health care professionals.
- To provide, when appropriate, a retraining programme for members of the profession and possibly those of related disciplines, in order to fulfil the professional regulations governing the chiropractic profession in France.
- To develop a continuing education programme enabling the practicing chiropractors to keep abreast of the developments in chiropractic and related health sciences.
- To develop research, to participate in the development of clinical knowledge specific to the chiropractic discipline, and to seek collaboration with research centres for this purpose.
- To seek partnerships with French and/or European universities.

4.1.1b Analysis

The Mission is also published in the student handbooks. Some of the mission statements do not apply to undergraduate education and training but relate to the role of the college in postgraduate training and life-long learning. The college is reviewing its mission following a whole-staff re-evaluation of the management and curriculum held in Porto, Portugal in September 2012. Following the issue of the “Décrets de Formation” by the Ministère du Travail, de L’Emploi et de la Santé on 20 September 2011, IFEC is revisiting its aims to ensure compliance with the official requirements for the national accreditation of the programme. Members of IFEC were involved in the background meetings preparing the decrees. The Strategic Plan 2012-2017 repeats the educational mission and elaborates the competences necessary for safe and competent practice.

4.1.1c Conclusion

IFEC Toulouse fully complies with Standard 1.1. 

4.1.2 Participation in formulation of aims and objectives

The overall aims and objectives of the chiropractic programme must be defined by its principal stakeholders.

4.1.2a Description

AFEFC defines and reviews the aims and objectives of the programme at IFEC. The SSR states that the aims were 'presented' to the Academic Council (Conseil Academique, CAC) and sent to stakeholders. AFEFC is regarded as the major stakeholder comprising eight chiropractors with links to chiropractic associations, government and other health care professions, and two students.

4.1.2b Analysis

Because the status of chiropractic in France was not subject to legal underpinning until 2011, it is understandable that the range of stakeholders consulted was limited. With the successful passing of the relevant decrees, it is now possible for AFEFC to broaden its composition, for example other health professional, patients and local communities. AFEFC recently developed its Strategic Plan 2012-2017 for IFEC. Consultation could have been expanded to a wider range of stakeholders beyond AFEFC.

4.1.2c Conclusion

IFEC Toulouse partially complies with Standard 1.2. 

4.1.3 Academic autonomy

The institution/programme must have sufficient autonomy to design and develop the curriculum.

4.1.3a Description

Academic autonomy is guaranteed by AFEFC's statutes (AFEFC is registered at the Ivry site.) The mission aims and objectives, and the curriculum have all been devised by IFEC staff and put into operation on both sites (Ivry and Toulouse). IFEC Toulouse does not have autonomy to design and develop its own curriculum. However, it does have the opportunity where the staff are based in Toulouse to have an element of autonomy in the delivery and assessment of a course together with the evaluation of the course's delivery. The 2011 decree on chiropractic education has stipulated the broad content of the chiropractic curriculum, the minimum number of learning hours and other conditions that a chiropractic college must abide by.

4.1.3b Analysis

Delegated autonomy for IFEC is defined in the statutes of AFEFC (05 May 2012). Autonomy has been granted to the Conseil Academique (Academic Council) and the General Director and General Director Adjunct working at the two colleges. IFEC itself has delegated authority but the two component colleges are less able to function autonomously. Because the curriculum is common to IFEC there is no separate autonomy for Toulouse to design and develop its curriculum. However, at this stage of development there is a considerable advantage to taking an 'off the shelf' curriculum and a common group of lecturers and clinicians. IFEC only has autonomy within the parameters set by the 2011 decree Chapter II Articles 9-13 which might constrain both autonomy and future curriculum innovation.

4.1.3c Conclusion

IFEC Toulouse partially complies with Standard 1.3. 

4.1.4 Educational outcome

The institution/programme must define the competencies (exit outcomes) that students will exhibit on graduation in relation to their subsequent training and future roles in the profession and the wider healthcare system.

4.1.4a Description


The competencies necessary for the practice of chiropractic were redefined by a working group chaired by an external consultant and former educational expert for the healthcare professions in France. These are listed in the Strategic Plan and SSR as follows:

- Assessing a clinical situation and making a differential diagnosis and a positive diagnosis within the field of chiropractic.
- Conceiving, putting in place and conducting a therapeutic project.
- Defining and putting in place care and therapeutic activities adapted for the patient.
- Conceiving and delivering therapeutic patient advice and education.
- Communicating and conducting interactions with a patient.
- Organising activities and cooperating with other healthcare professionals.
- Evaluating professional practice and environmental setting.
- Researching, considering and analysing professional and scientific information.
- Managing a professional practice.
- Educating and conforming future healthcare professionals.

4.1.4b Analysis

The competencies were mapped against those of the ECCE which reflect the healthcare needs in France and encompass those listed in the Standards. The nine Domains within the curriculum have been developed so that the units within them address all of the competencies.

4.1.4c Conclusion

IFEC Toulouse fully complies with Standard 1.4. 

4.2 EDUCATIONAL PROGRAMME

4.2.1 Curriculum model and educational methods

The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum.

The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life.

4.2.1a Description


The curriculum is described as a spiral one, where subjects are revisited over different years including horizontal and vertical integration. It follows an essentially traditional trajectory with the emphasis on the basic sciences in the early years informing the clinical sciences, which are taught thereafter. The final two years are mostly spent in clinical training (internship) in the institution's two clinics although some lecture-based and practical class teaching still occurs. Students are taught in a mix of didactic lectures, small groups and practical classes although traditional lectures still form the major part of student contact hours. Again, there is an emphasis on didactic lectures in the early years focusing on knowledge transfer, with greater emphasis on practical classes and small groups

later on. IFEC Toulouse delivers the entire programme apart from dissection classes that students attend at IFEC Ivry's partner university in Paris.

4.2.1b Analysis

There has been a considerable amount of work undertaken at IFEC reviewing the curriculum structure and introducing new and current educational methods. The new curriculum was introduced in IFEC in 2009, and the work on reviewing the curriculum continues. The average number of contact hours per week is such that students have sufficient time for self-study. However, the emphasis on "quizzes" (tests) every three weeks to test knowledge in years 1 and 2 presents the student with a series of prescriptive hoops to jump through rather than encouraging self-directed learning from the outset. This means that when students enter year 3, the reduction in regular testing leaves a vacuum that students may find difficult to manage. The institution recognises the need to introduce e-learning methods in the future.

4.2.1c Conclusion

IFEC Toulouse substantially complies with Standard 1.1. 

4.2.2 The Scientific Method

The institution/programme must teach the scientific method, other forms of research inquiry and evidence-based practice, including analytical and critical thinking.

The curriculum must include elements for training students in scientific thinking and research methods.

4.2.2a Description

In the early years, students are prepared for critical appraisal of the literature by attending classes in English and scientific terminology. Following this, students are instructed how to understand and appraise the scientific literature by exploring the concepts of research design, and data collection and analysis methods. There is a programme of external lecturers presenting their research so students are exposed to the latest developments in clinically relevant research.

4.2.2b Analysis

There is a carefully constructed syllabus in research methodology from years 1 to 4. The emphasis is on how to find and use the research evidence in informing clinical practice. In years 5 and 6 this is reinforced by requiring students to support their case presentations with current and relevant empirical evidence. There is no research project, which again underlines the emphasis on learning to use rather than to do research. In year 6, high ability students have the opportunity to register for a university-based Masters degree and undertake a research dissertation.

4.2.2c Conclusion

IFEC Toulouse fully complies with Standard 2.2. 

4.2.3 Biomedical Sciences

The institution/programme must identify and include in the curriculum those contributions of the basic biomedical sciences that enable a knowledge and understanding of the basic sciences applicable to the practice of chiropractic.


4.2.3a Description

The minimum number of taught hours of biomedical sciences has been set in the recent decrees in French law. Basic biomedical sciences are taught by appropriately qualified staff in a didactic manner in the early stages of curriculum. Early knowledge of basic biomedical sciences constitutes the essential skeleton for a later spiral and integrative (horizontal and linear) learning process. At the beginning of year 4, owing to French legal constraints, students have to go to Paris for practical dissection classes.

4.2.3b Analysis

There is sufficient evidence that the relevant basic biomedical sciences delivered in a didactic manner are sufficient and of high quality. An emphasis has been put towards the integration of this knowledge to inform future clinicians in a new pedagogic approach. Indeed, once the basis is acquired, 'linear and horizontal' integration of subjects not only highlights the overlap between them, but also illustrates clearly their relevance in clinical problem solving and practice to be faced in the future. Such an approach also allows a systematic continuous spiral review and implementation throughout the curriculum.

4.2.3c Conclusion

IFEC Toulouse fully complies with Standard 2.3. 

4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

The institution/programme must identify and include in the curriculum those contributions of the behavioural sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.

4.2.4a Description

Behavioural and Social Sciences, Ethics and Jurisprudence have been expanded in the curriculum in response to a decree in French law in 2011. These courses are taught throughout the curriculum at relevant stages. Courses for Behavioural Sciences and Social Sciences are as follows: Clinical Psychology; Communication; Public Health; Organisation of the public health system in France; Professional Communication; and Biopsychosociology. Courses in Ethics and Jurisprudence are as follows: Chiropractic scope of practice; Ethics and Deontology; Chiropractic professional exercise and rules; Ethical reasoning; Clinical Practice Evaluation (practice and patient management); Patient's Rights and Professional Responsibility; Accountancy and Management of a liberal structure; Professional Insurance. In addition a pedagogy course emphasising constructive feedback is included in the curriculum.

4.2.4b Analysis

It appears that sufficient and highly relevant knowledge is taught to students in order to adequately respond to different behavioural, ethical and jurisprudence issues that they may have to face in future practice. Moreover the pedagogy course will ensure that when 6th year students are placed in chiropractic practices, they will benefit from good quality feedback to enhance their learning experiences.

4.2.4c Conclusion

IFEC Toulouse fully complies with Standard 2.4. 

4.2.5 Clinical Sciences and Skills

The institution/programme must identify and include in the curriculum those contributions of the clinical sciences that ensure students have acquired sufficient clinical knowledge and skills to apply to chiropractic practice in a primary contact setting.


4.2.5a Description

In the integrative model of the curriculum all aspects of Basic Sciences are taught before moving into an integrative chiropractic and clinical model for the delivery of Clinical Sciences and Skills. A clear emphasis is put on the knowledge, diagnosis and treatment of musculoskeletal conditions. In their 5th and 6th years, part of this continuous integration of clinical sciences is applied in the hospital internships in relevant departments (neurology, orthopaedic, rheumatology, and imaging) and chiropractic internships in private practices as well as in the IFEC outpatient clinic. Another key element to decision making for the future clinicians is the emphasis put on research methodology and encouraging critical appraisal of the scientific literature.

4.2.5b Analysis

All areas ensuring clinical competencies of graduates are clearly identified and taught. Clinical knowledge and skills are well constructed to be later intelligently integrated into chiropractic scope of practice as a primary health care contact. An emphasis is also put on a critical methodological approach and appraisal of research that can be applied in practice (including research in English language).

4.2.5c Conclusion

IFEC Toulouse fully complies with Standard 2.5. 

4.2.6 Chiropractic

The institution/programme must foster the ability to participate in the scientific development of chiropractic.

4.2.6a Description

Students are exposed to an appreciation of research evidence through the strong research methodology course from years 1 to 4. The history of chiropractic and chiropractic theory are taught in years 1 and 2. There is also a course on the scope of chiropractic practice in year 3. All these courses consider the evidence base in chiropractic, and the context in which chiropractic developed.

4.2.6b Analysis

Students are exposed to chiropractic history and development, as well as the context of modern day chiropractic practice.

4.2.6c Conclusion

IFEC Toulouse fully complies with Standard 2.6. 

4.2.7 Clinical training

The institution/programme must identify and include a period of supervised clinical training to ensure the clinical knowledge and skills, communication skills and ethical appreciation accrued by the student can be applied in practice, and so enable the student to assume appropriate clinical responsibility upon graduation.

Every student must have early patient contact leading to participation in patient care.

4.2.7a Description


Clinical training progresses throughout the programme from passive observation in year 1 developing to include taking histories and performing examinations in years 3 and 4. Students observing complete a logbook of scenarios, answering questions and reflecting on case management. The frequency and content of feedback to observing students could not be ascertained during the evaluation. A two-year clinical training programme begins in 5th year with students treating internal patients only. There follows an OSCE clinical entry exam which, if passed, permits entry to treat patients in the outpatient clinic. Once commencing case management, interns act as primary health care practitioners with each patient visit supervised by the clinician team. Interns present cases, propose differential diagnoses and, from the agreed working diagnosis, prepare an approved treatment plan. Because the clinic is relatively new and because a new computerised record system has been implemented, the case mix of patients per intern could not be ascertained. Interns gain patient visit numbers from each encounter and can supplement these with voluntary participation in outreach and sporting treatments. In addition to the formal clinic, exit OSLE and entrance OSCE, interns have a mini-CEX evaluation every two months to gauge competencies against standards for clinical training. Throughout the clinical training a portfolio of competencies is produced to include: proof of all case validations by tutors, imaging reports, external placement reports, reflective evaluations and research to complement evidence informed practice. Completion of this portfolio is mandatory. The clinic manual of competencies states an intern is required to perform 40 new patient encounters and 400 patient visits in total, of which 85 visits can be internal patients. Record keeping has recently moved to digital format. Interns are required to become fully familiar with using this system by inputting existing paper records and booking appointments when on reception duty. This system allows for clinicians to oversee records and apply a digital signature to prevent further changes to records. In compliance with current French legislation interns are required to refer patients for further examinations and imaging by medical doctors. As part of the clinical training students from year 3 onwards participate in external placements at hospitals observing and communicating with other health professionals. Students are required to negotiate a suitable placement for themselves; the clinical team subsequently approves this. A document of objectives for this module is produced and a report on the placement is required to be completed by the student. Currently proof of attendance is recorded, but no formal system of performance feedback exists. A period of private practice internship is required at the end of the 6th year of study. This comprises a self-sourced placement where professional skills are developed under supervision of the private practice clinician. Work on developing more stringent criteria for this provision is ongoing. In addition to the formal requirements, voluntary participation in community experiences have been available including an overseas humanitarian outreach offered in L'Aquila, Italy in association with the Red Cross in 2011. This year a student humanitarian outreach to Burkina Faso was organised with the support of the college.

4.2.7b Analysis

The college offers an extensive period of clinical training with outstanding opportunities for external placements. The programme offers a gradual integration of clinical exposure facilitating acquisition of clinical competencies throughout all stages of the programme. Supervision promotes a culture of

safe practice highly relevant to current French legislation. Clinical staff enthusiasm and support for humanitarian and community projects is highly commendable. There is no evidence of set criteria for the reduction in the degree of case management supervision over time. Clinician to student feedback is reliant on oral, informal discussions with no evaluative records produced. The absence of formalised feedback may impair quality assurance.

4.2.7c Conclusion

IFEC Toulouse substantially complies with Standard 2.7. 

4.2.8 Curriculum Structure, Composition and Duration

The institution/programme must describe the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme, and the level of integration between the basic sciences and clinical sciences.

4.2.8a Description


The curriculum is delivered over 6 years full-time. At the end of the programme, students are expected to graduate as safe and competent practitioners ready to practice autonomously and independently. There is no requirement for a Graduate Education Programme (GEP) as there is in other European countries, because this is subsumed within year 6 of the undergraduate programme.

The curriculum is delivered in semesters (2 per year). It is organised into 9 domains, each led by a Head of Domain, representing different subject areas, and within these units of study organised according to the semester in which they are delivered. There is a clinical observation programme in years 1, 2 and 3, and the clinic internship in years 5 and 6. There is evidence of vertical and horizontal integration as the subject domains are taught throughout the programme. The total number of ECTS is 360 accumulated in reasonably equal portions over 6 years.

4.2.8b Analysis

There is clear documentation detailing the curriculum, colour coding the 9 domains of subject material, and the number of hours divided into lectures, small group and practical classes, self-directed learning, and internship. There is a clear outline for each unit showing the assessment strategy, the learning objectives, the unit content and the expected competencies attained on completion. The curriculum appears to be well organised, and clearly defined throughout.

4.2.8c Conclusion

IFEC Toulouse fully complies with Standard 2.8. 

4.2.9 Programme management

A curriculum committee (or equivalent (s)) must be given the resources, responsibility, authority and capacity to plan, implement and review the curriculum to achieve the aims and objectives of the chiropractic programme.

4.2.9a Description

A Curriculum Committee has oversight of curriculum development and review. This has taken on a more strategic focus in terms of curriculum change and making recommendations for improvement. This committee undertook a major curriculum revision in 2009, and many stakeholders including

external bodies, were consulted as a part of the process. It appears that the work of the Curriculum Committee has reduced over the last year or so as the new curriculum is delivered.

The Academic Council (CAC) is responsible for all decisions regarding the academic programme delivered at IFEC Toulouse. Membership includes the General Manager of IFEC Toulouse and the Deputy General Manager of IFEC Ivry, the Pedagogic Directors of Toulouse and Ivry and the Heads of Domains as well as student representatives. Included in the remit of CAC are student admissions criteria, curriculum content and delivery methods, assessment procedures and resource allocation.

As well as the formalised processes, there is informal discussion between teaching staff, Heads of Domains and students, and minor changes to ensure efficient and effective delivery of the programme on a day-to day basis can be made, as is common in most small institutions.

4.2.9b Analysis

Formal and informal mechanisms exist to manage the programme in both strategic and operational terms. There appears to be room for more formalised structures below that of the CAC to ensure appropriate management of the programme, particularly in terms of quality assurance and a forum for discussion and debate between teaching staff and students. The Curriculum Committee is not formalised within the management structures of the college and therefore its tasks vary according to demands.

4.2.9c Conclusion

IFEC Toulouse partially complies with Standard 2.9. 

4.2.10 Linkage with subsequent stages of education and training, chiropractic practice and the health care system

Operational linkage must be assured between the first qualification programme and the subsequent stage of training or practice that the student will enter after graduation.

The curriculum must reflect the environment in which graduates will be expected to work and be responsive to feedback from graduates, the profession and the community.


4.2.10a Description

With regard to the environment in which graduates are expected to work, the curriculum is suited for this, providing a seamless transition into professional practice. The chiropractic profession is now regulated in France and French laws address both scope of practice and educational requirements, and the curriculum complies with requirements. In the sixth year of the program, students continue with their clinical training and also participate in other activities such as hospital placements in both semesters where students have the opportunity to observe in areas of rheumatology, neurology, traumatology and imaging. The duration of these placements are of two weeks in each semester. Similarly, students are also required to complete an assistantship in private chiropractic services for three months. The sixth year is designed to accomplish some of the aims of the Graduate Education Programme (GEP), and fully prepares the student for entry into practice. Students also receive instruction on scope of practice within the French healthcare system and the legal and ethical aspects of practice throughout the curriculum. IFEC organizes continuing education courses for qualified practitioners; however they are available only in Paris.

4.2.10b Analysis

The changes implemented in the new curriculum aim to comply with the recent relevant legislation in France. The hospital placements provide students with an excellent opportunity to see a variety of pathological processes and also to interact with other health professionals encouraging students to work with other health practitioners once they have graduated. At IFEC Toulouse, students are expected to manage placements by themselves. There are some difficulties in regards to the assistantship programme in selecting appropriate chiropractic services. IFEC Toulouse is working towards identifying chiropractic practices where students would be better assisted in this activity.

4.2.10c Conclusion

IFEC Toulouse substantially complies with Standard 2.10. 

4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment methods

The chiropractic institution/programme must define and document the methods used for assessment, including the criteria for progression and appeals procedures. Assessment methods must be regularly evaluated, and new assessment methods developed as appropriate.

4.3.1a Description


For each of the nine domains, assessment methods are clearly documented. Assessments are divided between written examination and practical examinations. Written examinations take the form of MCQs and short answer questions, although written reports are included in some domains such as research methodology. There appears to be more variety of assessment method in the final two years of the programme. Here, assessments include written and oral case presentations, reflective portfolio, mini-CEX, and OSCEs.

Assessment methods are reviewed by the CAC, and any changes to assessment methods must be approved by this Council. On a day-to-day basis, assessment profiles are reviewed by the Pedagogic Director, and any anomalies discussed with the Head of Domain. There is opportunity for students contesting an assessment result to request a second opinion from an external expert through the General Manager. There is a formal Appeals procedure through the Examination Commission. Students failing in a unit are able to retake the examination during the summer vacation and, if failing at this opportunity, must resit the examination in the following academic year provided the student has passed in 75% of that year's credit total. The criteria for progression are clearly communicated to students.

4.3.1b Analysis

There are clear procedures for progression of students, and for the review and change to assessment methods. Although in the early years, there appears to be limited variety in assessment methods, more methods are included in the clinic internship. There is evidence of innovation in the clinic entrance and clinic exit examinations, and considerable effort in introducing OSLE clinical examinations based on review of good practice in other institutions.

4.3.1c Conclusion

IFEC Toulouse substantially complies with Standard 3.1. 

4.3.2 Relation between assessment and learning

The assessment principles, methods and practices must be appropriate to the learning outcomes and the educational aims and objectives, and promote appropriate learning practices.

4.3.2a Description

There is evidence that in the review of the curriculum, close attention was paid to the match between assessment and the intended learning outcomes of each course. It appears that the clinic exit examination is under review, and that the proposed introduction of a new OSLER examination will continue to ensure that graduates entering practice are fit to do so. Although the institution has taken steps to reduce the assessment load, there is still a tendency to over assess students in years 1 and 2, and use written examinations taken on a regular basis to drive student learning. The assessment criteria and timetable of assessments are clearly communicated to students.

4.3.2b Analysis

Although the diet of assessments appears fit for purpose, greater advantage should be taken of assessment in driving student learning. Not only should assessments be reduced in some areas to facilitate self-directed learning, but more integrated assessments should be introduced requiring students to apply and integrate their knowledge and skills.

4.3.2c Conclusion

IFEC Toulouse partially complies with Standard 3.2. 

4.4 STUDENTS

4.4.1 Admission policies and selection

The institution/programme must have a clearly defined admission policy that is consistently applied, and that includes a clear statement on the rationale and process of selection of students.

4.4.1a Description

The college has a clearly defined admissions policy that is adapted to the needs of both the discipline and the French educational system. Students are required to have passed the Baccaalaureate and achieved the TOEIC test with more than 650 points. Candidates who have studied other disciplines in a higher education institution may obtain direct entry to the second year. There is a separate prospectus for IFEC Toulouse. All applicants are interviewed in Toulouse. Foreign students can and do apply to the programme. In these cases entry examination equivalency is used alongside testing the competence of the applicant in the French language. Therefore, the weakness noted in 2009 has been completely rectified.

4.4.1b Analysis

The admissions process is very thorough. At present more applicants are female in common with other health related programmes in France. Some concern was expressed by the management that the academic standard of applicants was not as strong as desired in some cases and that steps were being taken to attract applicants with high grades. Electronic and social media sites are being used to attract a greater number of applicants. There is no special programme for mature student entry and all mature students have to fulfil the same Baccaalaureate requirement.

4.4.1c Conclusion

IFEC Toulouse fully complies with Standard 4.1. 

4.4.2 Student intake

The size of student intake must be defined and related to the capacity of the chiropractic institution/programme to provide adequate resources at all stages of the programme.


4.4.2a Description

The student intake has risen steadily over the years although the latest figures show a downturn for 2012-2013. The SSR suggested that entry in 2012 would be 80 students; however, only 52 were recruited. The maximum intake is planned to be 100 students.

4.4.2b Analysis

Recruitment has probably dropped in the current year because of the effects of the economic climate. At present the resources are adequate for the current numbers entering the programme. Should student enrolment reach 100 per cohort, it will be necessary to expand the clinic facility, increase locally recruited teaching and administrative staff, and equip the third lecture theatre.

4.4.2c Conclusion

IFEC Toulouse fully complies with Standard 4.2. 

4.4.3 Student support and counselling

The institution/programme must offer appropriate student support, including induction of new students, counselling in terms of student progress and other academic matters, and personal and social needs of students.


4.4.3a Description

In a small institution that numbers 279 students social and personal needs are the responsibility of the Pedagogic Director and Assistant Pedagogic Director. At the time of application and subsequent registration on the programme, students who are at risk both academically and socially are identified. The examination results for these students are monitored, especially in Year 1. Further monitoring is informal and depends on students asking for assistance or staff noting particular needs. The Pedagogic Director/Assistant Pedagogic Director can direct students to the appropriate support services beyond the college. Students with dyslexia have their examination time increased by 33%.

4.4.3b Analysis

The students are generally satisfied with the level of personal support that they receive. Despite staff living far away from the college, most felt that they had every opportunity to approach staff either personally when at the college or electronically. The students had formed several sports teams which made use of facilities in other establishments in Toulouse. It will be possible in the future to introduce gym facilities in a rehabilitation clinic in the proposed clinic building.

4.4.3c Conclusion

IFEC Toulouse fully complies with Standard 4.3. 

4.4.4 Student representation

The institution/programme must support student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.


4.4.4a Description

Students are represented on the committees of the institution. Election of student representatives to AFEFC and as year delegates occurs. All cohorts appear happy with their level of representation. Year delegates have an established routine of being a point of contact between staff and students and meet frequently with Domain heads. Students were consulted regarding the introduction of the new curriculum, but lack of formalisation of this process appeared to lead to reduced input towards the end. Students were represented on the working group to redefine programme competencies in order to comply with Ministry standards. Students do not appear to have been consulted regarding design or facilities of the new clinic building although planning is in the early stages. The student body is also represented by the BDE (Bureau des Étudiants) and are encouraged to participate in WCCS (World Congress of Chiropractic Students) events.

4.4.4b Analysis

Within the committee structure of the institution, evidence of representation of students exists. There is however less evidence of student representation on decision-making bodies outside of the formal committee structure.

4.4.4c Conclusion

IFEC Toulouse substantially complies with Standard 4.4. 

4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

4.5.1 Faculty (Staff) recruitment

The institution/programme must have a faculty recruitment policy which outlines the type, responsibilities and balance of faculty required to deliver the curriculum adequately, including the balance between chiropractic and non-chiropractic faculty, and between full-time and part-time faculty.


4.5.1a Description

IFEC Toulouse presents an interesting case in that most of the teaching staff, and a significant proportion of the senior management and administrative staff, are shared with IFEC Ivry. There appear to be sufficient suitably qualified teaching staff to deliver the curriculum and assess the students, consisting of both basic science teachers and clinical faculty. There is a predominance of part-time teaching faculty, in part because of the shared resource with IFEC Ivry and in part because of local part-time chiropractors teaching on the programme. Because the programme is taught in French, there are constraints on recruitment of staff, and many of the chiropractic teaching staff are graduates of either IFEC Ivry, or increasingly of IFEC Toulouse. The institution has introduced an induction process for new staff.

4.5.1b Analysis

In spite of the large proportion of part-time teaching staff, the process appears to be well managed, and all staff appear strongly committed to, and supportive of the institution.

4.5.1c Conclusion

IFEC Toulouse substantially complies with Standard 5.1. 

4.5.2 Faculty Promotion and Development

The institution must have a faculty policy that addresses processes for development and appraisal of academic staff, and ensures recognition of meritorious academic activities with appropriate emphasis on teaching and research.


4.5.2a Description

There is no formal appraisal system for staff, although setting and reviewing objectives is done on an informal basis. Recognition of teaching, research and service contribution is done via salary increments and promotion. Faculty development is encouraged through time allowances and financial support for conference attendance, particularly the ECU conference, and to a lesser extent, the AMEE conference, registration for postgraduate Masters and PhD degrees, and attendance at CPD events. The institution clearly understands the importance of developing its staff; recently 7 staff have been registered on MSc degrees, and currently 4 are registered for a PhD. As part of development, and as an income stream, the institution is committed to developing a robust portfolio of CPD events.

4.5.2b Analysis

It is evident that the institution has a strong ethos of developing staff, and encouraging participation in staff development activities.

4.5.2c Conclusion

IFEC Toulouse fully complies with Standard 5.2. 

4.6 EDUCATIONAL RESOURCES

4.6.1 Physical facilities

The institution/programme must have sufficient physical facilities for the faculty, staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to faculty, staff and students that include access to computer-based reference systems, support staff and a reference collection adequate to meet teaching and research needs.


4.6.1a Description

The college moved into its current purpose-built premises in 2010. Therefore, the current students in years 4-6 commenced their studies in the facilities that existed at the time of the 2009 evaluation. The two existing lecture theatres can be joined to make a single larger provision. There is some room for expansion because one lecture theatre will be fitted out once the numbers increase. Many of the technique rooms can be joined together to provide a larger facility for formal academic examinations. There is a small staff room for visiting staff and a small apartment which can provide temporary accommodation for a visitor. There is a small library with an expanding book stock. All facilities conform to local health and safety standards.

4.6.1b Analysis

A new and larger clinic facility is planned on the existing car park. All of the teaching spaces are equipped with modern teaching aids. There is Wi-Fi throughout the building. Students may access the intranet which is strictly controlled. This enables students to use the various on line journal agencies that the college has subscribed to. The library depends on some stock being loaned from IFEC Ivry. The visiting staff carry books between the sites and consequently no student has to wait more than three days for a library order to be delivered.

4.6.1c Conclusion

IFEC Toulouse fully complies with Standard 6.1. 

4.6.2 Clinical training resources

The institution/programme must ensure adequate clinical experience and the necessary resources, including sufficient patients with an appropriate case-mix, and sufficient clinical training facilities including sufficient equipment and treatment rooms.


4.6.2a Description

There is a purpose-built clinic on the ground floor of the college with a separate patient entrance, consisting of a reception area with desk, tutors' offices, student lounge and 9 treatment rooms. Each room has an X-ray view box, computer terminal, treatment bench and desk with 3 chairs. Additionally 4 treatment rooms on the third floor are used for 5th year students to treat friends and family patients. Presently, informal methods of data analysis of patient data are still in use. Utilising computerised patient records to aid analysis is in its initial phases. Patient satisfaction questionnaires are being used to partially assess adequacy of the clinic facilities. Informal on-going evaluation is used to aid improvement. Plans to build a new clinic building have been prepared in response to expanding student numbers and increased equipment requirements. The team were given sight of the plans.

4.6.2b Analysis

The current facilities are sufficient for students to have an appropriate learning experience. However, the furniture in the treatment rooms may not be ergonomically adequate for patient needs. Positioning of equipment in rooms appears to impair clinician-patient communication and may be barrier for non-verbal interaction. Recently installed software may require further revision to enable useful information to be gained from patient data.

4.6.2c Conclusion

IFEC Toulouse substantially complies with Standard 6.2. 

4.6.3 Information Technology

The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum.

Students must be able to use IT for self-learning, accessing information and managing patients.


4.6.3a Description

Because the building is relatively new it has an up-to-date computer system installed including Wi-Fi which enables many activities to function effectively such as a paperless record system in the clinic. The system is serviced by a Site Manager who managed the recent upgrade of the system. Two students assist the site manager in the radiology laboratory and the anatomy laboratory. Students are able to access the IT system remotely. They can obtain daily information, information from lecturers and access their own patient files. Should staff commuting from IFEC Ivry be delayed, text messaging is used to alert students to any changes of lectures.

4.6.3b Analysis

IFEC has developed a Strategic Plan for IT which envisages merging the systems on its two sites. At present the system in Toulouse is more advanced and capable of servicing the planned increase in student numbers. To keep abreast of developments a rolling three year plan will be implemented. The current site manager, who was appointed in 2012, has carried out a complete review of the capabilities of the system and future needs. Students have on-line access to medical databases while on site because the licences do not permit off site student use. Staff have off site access to these databases. The students expressed overall satisfaction with the Intranet provision of lecture notes, timetables and administrative messages.

4.6.3c Conclusion

IFEC Toulouse fully complies with Standard 6.3. 

4.6.4 Educational expertise

The institution must ensure the appropriate use of educational expertise in the design and development of the chiropractic curriculum and instructional (teaching and learning) and assessment methods.

4.6.4a Description

The college is actively addressing the development of educational expertise among its staff. Up to now staff had been regarded as research consumers while preparing their courses. More recently staff have been positively encouraged to enrol on Masters (5 staff) and PhD (4 staff) programmes. It is intended to support two further staff enrolling on PhD programmes each year. IFEC is aware that some staff lack pedagogic training for teaching in a higher education environment. The institution has employed people with educational expertise and utilised consultants who have all pointed out the need to develop educational expertise. At present the college encourages staff to attend the AMEE (Association of Medical Education in Europe) and holds one off CPD events in pedagogic practice.

4.6.4b Analysis

The college is aware of the need to develop educational expertise and that current practice exists but is not formalised. In this current academic year a weekend staff development conference held in Porto enabled IFEC to enhance collaboration between staff and between IFEC Toulouse and IFEC Ivry. The conference attended by 53 staff members resulted in the development of an induction procedure for new staff and a nascent appraisal system for staff. Managers will now be able to discuss individual training needs in relation to the aims and objectives of IFEC. It is anticipated that these decisions will improve the educational as well as the academic expertise of the teaching staff. The aim of IFEC is to achieve an enhanced reputation for chiropractic and chiropractic education in France by placing emphasis on excellence.

4.6.4c Conclusion

IFEC Toulouse partially complies with Standard 6.4.



4.6.5 Administrative and technical staff and management

The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the institution's undergraduate programme and other activities, and to ensure good management and deployment of its resources. The management must include a programme of quality assurance, and the management itself should submit itself to regular review.

4.6.5a Description

The administrative and technical staff based at the college is composed of 9 full time employees, all of whom are local to the college. They are assisted by 2 part time employees for IT and a full time IT technician. The senior management team consists of the Executive (President, Director General and Director General Adjunct), Heads of Domains and the Pedagogic Director.

4.6.5b Analysis

The administrative and technical staff fully support the implementation of the undergraduate programme as well as ensuring good management and deployment of resources. However, a more formal monitoring of staff appraisal for all staff would be preferable in the future.

4.6.5c Conclusion

IFEC Toulouse substantially complies with Standard 6.5.



4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH.

The chiropractic institution/programme must facilitate the relationship between teaching and research, and must describe the research facilities to support this relationship as well as the research priorities at the institution/programme.

4.7.a Description

There is a positive commitment to facilitate research teaching and capacity in the institution with the appointment of a Director of Research since 2007. A number of teaching staff are pursuing PhD degrees and this will further facilitate a research ethos within the institution. Moreover, an agreement has been reached with the Université de Paris Sud II Orsay to enable high calibre year 6 students to enrol and complete a Masters dissertation. Staff are encouraged to take an evidence-based approach to their teaching by including scientific references as appropriate.

4.7.b Analysis

The link between research and teaching will undoubtedly be strengthened as more teaching staff are involved in research activity.

4.7.c Conclusion

IFEC Toulouse partially complies with Standard 7.1.



4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for programme evaluation

The institution/programme must establish a mechanism for programme evaluation that monitors the curriculum, quality of teaching, student progress and student outcomes, and ensures that concerns are identified and addressed.

4.8.1a Description

Education standards and competencies are clearly detailed, although no formal systematic mechanism for ongoing quality assurance in a structured quality assurance committee appears to exist. Moreover, no formal annual Quality Assurance Report is produced. However, any concerns and evaluations related to the programme are raised and recorded at the CAC. All members of the CAC produce a report for their own area of responsibility and these are discussed and acted on as appropriate. Internal student questionnaire evaluation is performed for all subjects and for clinical tutors and collated analyses of these data are produced. Discussions with staff regarding these data are reported, but it appears that there is no formal reporting into appropriate committees. A formal review of the new curriculum is planned within the next 3 years. Student progress is tracked using software of grades which is available for students to view their personal data and progress. External examiners are utilised only for clinical entry and exit exams, but there appears to be no input from external examiners in other assessments in the curriculum.

4.8.1b Analysis

The institution has established mechanisms for programme evaluation, but these could be enhanced and become more transparent through a dedicated Quality Assurance Committee. External input into programme evaluation through an external examiner system is also limited and in need of development.

4.8.1c Conclusion

IFEC Toulouse is partially compliant with Standard 8.1. 

4.8.2 Faculty and student feedback

Both faculty and student feedback must be systematically sought, analysed and responded to so as to develop and improve the curriculum.

4.8.2a Description

Feedback is sought from students through an extensive anonymous questionnaire survey for each subject and clinical tutor. This feedback is then analysed and discussed at CAC. The college has found that gaining an adequate response rate is problematic and is discussing methods of increasing this with students. Enthusiasm and understanding of the purpose of the questionnaire feedback seemed to increase in the clinic years 5 and 6. Within CAC Heads of Domain produce yearly reports which include student evaluations. However, a formalised procedure for the use of this information and communication back to students does not appear to be in place. The established system of student delegates and elected student representatives allows for communication and input across levels. Clinical students consistently reported an atmosphere of continuous verbal feedback between clinicians and interns.

4.8.2b Analysis

The college gains quantifiable student feedback data, but low response rates in the most recent year have meant the data is not as robust as it might be. Changes to the method of data collection from paper-based to electronic affected the outcome. Prior to the change the response rate was 90%. Increased understanding and awareness of the importance of student feedback and higher response rates in the clinical years are positive elements of the programme. There does not appear to be a system for formal feedback of the outcomes of the process to the student body or reporting any changes resulting from student feedback. The delegate and elected student representative system is a valuable yet informal source of communication and on-going feedback for both staff and students.

4.8.2c Conclusion

IFEC Toulouse partially complies with Standard 8.2.



4.8.3 Student cohort performance

Student cohort performance must be analysed in relation to the curriculum and the aims and objectives of the programme.

4.8.3a Description

Student attainment data is held on a database by the Pedagogic Director allowing for management analysis. Students have access to their own data and can view their own grades in relation to averages. The Assistant Director of Pedagogy analyses all grades highlighting any areas that individuals or classes have indicated a weakness. This information is discussed with the Heads of Domain and taken to CAC if necessary. Any inconsistencies are flagged and considered when the Examination Board meets to discuss progression. Students admitted to the college with a low baccalaureate score are monitored more closely during their first year at the college. Attrition is higher in the lower years, reducing significantly in the clinic years of study.

4.8.3b Analysis

The college has identified the need for students to be aware of their individual and cohort performance and is effectively communicating information to allow students to do this. The work done by the pedagogic administrative staff is very supportive in this.

4.8.3c Conclusion

IFEC Toulouse substantially complies with Standard 8.3.



4.8.4 Involvement of stakeholders

Programme evaluation must involve the governance and administration of the institution, the faculty, staff and the students, and the outcomes communicated to a range of stakeholders.

4.8.4a Description


A range of internal and external stakeholders actively communicate with the institution regarding the programme. Students are represented at AFEFC and CAC level and have equal voting rights. All students are subscribing members of AFEFC. External stakeholders include the Université de Paris Sud II Orsay and the Ministry of Work, Employment and Health. Agreements between the Université de Paris Sud II Orsay and IFEC have been signed to allow the most able students in year 6 to undertake a Masters degree entering in the second year of the Orsay degree programme. The

institution also reports regular communication and consultation with the chiropractic association in France.

4.8.4b Analysis

The college is communicating with a variety of stakeholders regarding programme evaluation, apart from a formalised external examiner system. At present there are no links with universities closer to IFEC Toulouse. The willingness of IFEC to work to meet Ministry guidelines will aid future development of the programme. Patients have yet to be involved as stakeholders in any formal sense.

4.8.4c Conclusion

IFEC Toulouse substantially complies with Standard 8.4. 

4.9 GOVERNANCE AND ADMINISTRATION

4.9.1 Governance

Governance and committee structures and functions of the chiropractic institution/programme must be defined, including their relationships within the university (as appropriate).

4.9.1a Description

IFEC was founded by AFEFC, a non-profit organization. AFEFC, through its *Conseil d'Administration* (Administrative Council), appoints the members of the administrative team of IFEC, composed of the Executive President of AFEFC, the *Directeur Général* (General Director), and the *Directeur Général adjoint* (General Director Adjunct). The Administrative Council is formed of 13 chiropractors and two student members. Students are required to become members of the chiropractic association of AFEFC in order to attend IFEC.

At an institutional level, the highest academic committee is the *Conseil Academique* (Academic Council, CAC) formed by key personal of the institution including the Executive (Executive President, Director General and Director General Adjunct), Domain Heads, as well as student representatives. As with AFEFC, CAC serves both IFEC Toulouse and IFEC Ivry. At the operational level, IFEC Toulouse has its own Pedagogic Director, Clinic Director, IT Manager and Librarian.

Over a period during the implementation of the changes to the curriculum, there was a Curriculum Committee responsible for development of the new curriculum although, currently, this is not particularly active.

4.9.1b Analysis

At the moment of the evaluation, the governance structure was undergoing changes, which meant that information obtained in the SSR differed from the information provided at the time of the evaluation visit. The new structure will be presented to the Administrative Council (AFEFC) in due course.

4.9.1c Conclusion

IFEC Toulouse fully complies with Standard 9.1. 

4.9.2 Academic leadership

The responsibilities of the academic head of the first qualification chiropractic programme, and of the academic management structures, must be clearly stated.


4.9.2a Description

Academic leadership is provided by the Executive and on a day-to-day basis by the Director General and Director General Adjunct.

4.9.2b Analysis

The academic leadership is cohesive and works together as a highly effective team.

4.9.2c Conclusion

IFEC Toulouse fully complies with Standard 9.2. 

4.9.3 Educational budget and resource allocation

The institution/programme must have a clear line of responsibility and authority for the curriculum and its resourcing, including remuneration of teaching staff, in order to achieve the overall aims and objectives of the chiropractic programme.

4.9.3a Description

The budget for IFEC is established for both IFEC Toulouse and IFEC Ivry and is proposed as a single budget. It is approved by the AFEFC Administrative Council. Student fees account for the major part of the institution's income. IFEC has invested substantially in improving the infrastructure and human resources. All IFEC accounts are audited by an external auditor.

4.9.3b Analysis

IFEC is financially sound and it is this that allows for planning in expanding resources and the strategic direction of the institution. There is no evidence of any financial insecurity that may put the programme at risk.

4.9.3c Conclusion

IFEC Toulouse fully complies with Standard 9.3. 

4.9.4 Interaction with professional sector

The institution/programme must have a constructive interaction with the chiropractic and chiropractic-related (health-related) sectors of society and government.

4.9.4a Description

There appears to be good communication and relationships between IFEC and the French Chiropractic Association (*Association Française de Chiropratique* -AFC). The AFC had input into the formulation of the new curriculum as well as in communication with the Minister concerning the development of the decrees and regulations.


Individual chiropractors in practice are involved with IFEC Toulouse as visiting speakers on campus, part-time chiropractic teaching staff and chiropractors participating in the assistantship program for sixth year students. There are also efforts to establish formal agreements with international

institutions for the exchange of faculty and students. The hospital placement programme for sixth year students also fosters communication and good relations between the institution and other health professionals.

4.9.4b Analysis

There is evidence of good relations and communication between IFEC Toulouse and the professional sector including the association and individual chiropractors.

4.9.4c Conclusion

IFEC Toulouse fully complies with Standard 9.4. 

4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1 of standards)


4.10.1a Description

As a relatively new institution, with a strong and dynamic leadership, there is an enthusiasm and commitment to develop and grow the institution in the future. The committee structure at IFEC has enabled improvements to take place since 2009.

4.10.1b Analysis

A more formalised structure of committees may be required to ensure that continuous monitoring and evaluation of current practice is systematically undertaken so that the institution is both responsive and proactive. The institution has a Strategic Plan to guide its development in the future. At this stage of its development, not only is there ample opportunity for change and improvement, but also a commitment by the leadership to do so.

4.10.1c Conclusion

IFEC Toulouse substantially complies with Standard 10. 

5. CONCLUSIONS

5.1 Summary

In conclusion, the Evaluation Team acknowledges the commitment, work and foresight of the staff and students of IFEC Toulouse in ensuring the success of the institution. IFEC fully complies with 18 of the Standards, substantially complies with 11 Standards and partially complies with 8 standards.

5.2 Strengths, Weaknesses and Concerns

For the purposes of this report the Evaluation Team adopted the following definitions from the Standards:

- **Strengths** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- **Weaknesses** – Areas requiring specific attention and action by an institution.
- **Concerns** – Areas of substantial weakness/concern as to jeopardise the accreditation of an institution that require specific attention and action by the institution *as a matter of urgency*.

5.2.1 Strengths:

- 5.2.1.1 A commitment to develop and expand the institution within the higher education sector in France. The institution demonstrates clear strategic objectives, and strong and cohesive leadership.
- 5.2.1.2 The establishment of a viable and distinctive educational institution benefitting from the shared resources, expertise and experience at IFEC Ivry.
- 5.2.1.3 A positive academic environment facilitating high standards of teaching and learning.
- 5.2.1.4 A training period that includes clinical placements in hospitals and chiropractic practices.
- 5.2.1.5 The promotion and support of staff development particularly in postgraduate degrees and research.
- 5.2.1.6 An open-minded approach to innovations in teaching and learning, and willingness to work with government and the higher education sector.

5.2.2 Weaknesses:

- 5.2.2.1 Lack of transparent quality assurance policies and procedures, including a dedicated quality assurance committee and external examiner system.
- 5.2.2.2 Limited input from external stakeholders in the Administrative and Academic Councils.
- 5.2.2.3

5.2.2.4 Over-reliance on summative assessment to drive learning in early years, and limited integration between domains in written assessments.

5.2.2.5 Sharing of resources with IFEC Ivry risks the institution's ability to deliver the programme in unforeseen circumstances

5.2.3 Concerns:

There were no concerns.

5.3 Acknowledgements

The Team wishes to extend its thanks to IFEC Toulouse for the professionalism, hospitality and courtesy afforded to it during the on-site visit.

APPENDIX 1 – TIMETABLE

Sunday 9 DEC				
16.00 in hotel	Preliminary team meeting in hotel		All	

Monday 10 DEC	Meeting with	Personnel IFEC	Team members	2011 Standards
09.00	Arrival	Key personnel : O. Lanlo M. Millan T. Kuster P. Pretelat	All	
09.00-09.30	Private meeting of the Team	None	All	
9.30-10.00	Preliminary meeting with IFEC Executive/Directorate	Executive/ Directorate as appropriate : OL MM TK PP	All	
10.00-11.00	Tour of campus facilities to include teaching facilities and library	Key staff to accompany Team : Tour of the campus	All	
11.00-11.30	Coffee break			
11.30-12.30	Meeting with students (apart from clinic year students)	4 students from each year	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4
12.30-13.00	Private meeting of the Team to review institution's documentation	None	All	
13.00-14.00	Lunch with Teaching Staff	Full time academic staff: Resp. domaines : A. Lardon, O. Guenoun, J. Mabonzo, O. Lanlo, C. Leboeuf, F. Parize, Y. Audo, L. Davies, O. Sentou, MS Marcellin, Jennifer Giusti	All	
14.00-15.30	Meeting with Teaching Faculty	Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including Director of Academic Programme: Resp. domaines: A. Lardon, O. Guenoun, J. Mabonzo, O. Lanlo, F. Parize, Y. Audo, O. Sentou, Jennifer Giusti, L. Davies, S. Moie, T. Kuster, M. Millan	All	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5

15.30-16.30	Meeting with Part time Teaching Faculty – those who come from Paris	Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including Director : C. Vicaud, J. Mabonzo, S. Laujol , D. Cordeuil, A. Peyret-Lacombe, X. Barnetto, G. Galtier, C. Dupré, A. Sauvagnac, B. Bernasconi, S. de Vergie, T. Kuster, M. Millan	All	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
16.30-17.30	Meeting with clinic year students	6-8 students	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.3, 2.6 and 6.2
17.30-18.00	Private meeting		All	
19.30	Diner Team only			

Tuesday 11 DEC	Meeting with	Personnel IFEC	Team members	2011 Standards
09.00-09.30	Private meeting of the Team	None		
09.30-11.45	Tour of clinic facilities and formal meeting with Clinic teaching faculty	Key personnel : P. Pretelat J. Giusti J. Bonnes, F. Mallard, J. Lamart, O. Sentou	RF/HW/GP	2.6, 6.2
9.30-10.15	Admissions	Admissions Personnel : V. Loreau, C. Martin, D. Forget	DB/JB	4.1, 4.2
10:15-11:00	Learning Resources including IT support	Key Personnel : V. Zannotti-Martin, S. Tridemy, A. Barrier, C. Siegfried	DB/JB	6.1, 6.3
11.00-11.45	Research	Key personnel, M. Millan, O. Lanlo	DB/JB	7
11.45-13.00	Private meeting of the Team		All	
13.00-14.00	Lunch with students	As appropriate : 12 étudiants 17 total	All	
14.00-15.00	Quality Assurance	Key personnel : M. Millan, T. Kuster	All	3.1, 3.2, 8.1, 8.2, 8.3, 8.4, 10
15.00-16.00	Governance and Finance	Executive/Director of Finance : O. Lanlo, M. Millan, C. Desfemmes	All	9.1, 9.3, 9.5
16.00-16.45	Subsequent stages and professional sector	Key personnel: O. Lanlo	All	2.7, 9.4
17.00-18.00	Private meeting of Team			

Wednesday 12 DEC	Meeting with	Personnel IFEC	Team members	2011 Standards
09.00	Arrive			
09.30-10.30	Programme Management	Senior programme management including Director : M Millan, T. Kuster, P. Martin, V. Loreau	All	4.3, 4.4, 5.1, 5.2, 6.4, 6.5, 9.2, 9.4
10.30-11.00	Break			
11.00-13.00	Private meeting of Team		All	
13.00-14.00	Lunch with senior management	M Millan, T. Kuster, P. Martin, P. Pretelat	All	
14.00-17.30	Private meeting of the Team		All	

Thursday 13 DEC	Meeting with	Personnel IFEC	Team members	2011 Standards
09.00-13.00	Writing up			
13.00-14.00	Private Lunch			
14.00-14.30	Private meeting			
14.30-15.00	Report back	Senior management	All	
15.00	Depart to airport			